MULTIPLE DEPENDENT CLAIM								SERIAL NO. 10/54/01/2				FILING DATE		
FEE CALCULATION SHEET								707	941	07	<u> </u>			
(FOR USE WITH FORM PTO-875)  APPLICANT(S)														
<u> </u>	CLAIMS													
1	AS FILED			AFTER 1*AMENDMENT		AFTER 2 ™ AMENDMENT		i	AS F	ILED		TER NDMENT	AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.		
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DEP.		4	18	<b>←</b> [		<b>←</b>		TOTAL DEP.		<b>←</b> T		<b>←</b>		<b>-</b>
TOTAL CLAIMS			20					TOTAL CLAIMS	Ź				30 13	ii.
PTO - 1360	(REV. 11/04)									S. DEPARTM	MENT of CO!			

## BEST AVAILABLE COPY